



WCC File #: _____
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: _____ SSN: _____ Employer's Name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Home Phone: () - Work Phone: () - Insurance Carrier: _____
Preparer's Name: _____ Law Firm: _____ Preparer's Phone #: () -

The date of injury reported on Form 12A is: _____

Check appropriate section(s). The employer's representative requests a hearing to:

- ☐ **I. Stop payment of compensation.** Compensation payments are current as of _____ (date) and shall continue until otherwise ordered or until Form 17 is signed by the claimant. A Form 17 was offered and refused on _____ (date).

The basis of the stop payment hearing is (check one):

- ☐ (a) The authorized health care provider states the claimant has reached maximum medical improvement.
☐ (b) The authorized health care provider states the claimant is able to return to the same or other suitable job and has assigned an improvement rating, if any, and the same or suitable job has been offered to the claimant.
☐ (c) The authorized health care provider states the claimant is unable to return to the same or other suitable job and has assigned an impairment rating, if any.

- ☐ **II. Terminate temporary compensation suspended per R.67-505.** Date Suspended: _____

The basis for suspension of benefits is (check one):

- ☐ (a) The claimant refuses medical treatment.
☐ (b) The employer states the claimant is working, has worked for at least fifteen calendar days, and the claimant refuses to sign Form 17.

Requesting: ☐ Informal Conference ☐ Hearing

- ☐ **III. Pay compensation** in the amount of \$_____, based on the following grounds:

- ☐ **IV. Request Credit for overpayment of temporary compensation.**

- ☐ **V. Reduce Payment of compensation** from \$_____ to \$_____, based on the following grounds:

Compensation payments are current as of _____ (date) and shall continue until otherwise ordered or until a Form 17 is signed by the claimant.

I certify that I have served this document pursuant to R.67-211 by delivering a copy to _____

on the ____ day of _____, ____ by ☐ first class postage ☐ certified mail ☐ personal service.

Preparer's Signature

Title

Date

Address

The claimant may respond by writing the preparer at the address above and filing a copy of the response with the Commission's Judicial Department at the address at the top of the form. Refer to R.67-208, R.67-211, R.67-505, R.67-506, and R.67-601 – R.67-616. Questions about the use of this form should be directed to the Judicial Department at 803-737-5675.